| , | | | | | | | | | Application or Docket Number | | | | | |
|--|---|---------------------------------------|-------------------|--------------|-----------------------------|------------------|-------|----------|------------------------------|--|----------------|---------------------|---------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 29/7/0/6 | | | | | | | | | | | | 0,2 | 27 | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL I | | | OR | OTHER SMALL | | |
| TOTAL CLAIMS | | | 61 | | | | 1 | RATE | | FEE | | RATE | FEE | |
| FOR | | | NUMBER FI | LED | NUMBER EXTRA | | | BASIC FI | EE | 355.00 | OR | BASIC FEE | · 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 6/ minus 20= | | . 41 | | | X\$ 9= | | 369 | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | | us 3 = ` | 1 | | | X40= | | 40 | ÖЯ | X80= | · | |
| MU | LTIPLE DEPENI | DENT CLAIM P | RESENT | | | | | +135= | | <i>.</i> | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | _ | 764 | OR | TOTAL | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | • | OTHER | THAN ENTITY | | |
| | | (Column 1) | | | mn 2) HEST | (Column 3) | | SMAL | L E | NTITY | OR | SMALL | ADDI- | |
| NT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREVI | MBER HOUSLY FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | TIONAL FEE | |
| AMENDMENT | Total | . 101 | Minus | (| Ol. | = / | | X\$ 9: | <u>.</u> | | OR | X\$18= | | |
| MEN | Independent | • 4 | Minus | *** | Ψ. | = / | | X40= | | | OR | X80= | $X_{}$ | |
| Ľ, | FIRST PRESE | NTATION OF M | ULTIPLE DEP | ENDEN | IT CLAIM | |] | +135 | _ | / | OR | +270= | | |
| | | | | • | | | | TO | ΆL | / | OR | TOTAL ADDIT, FEI | | |
| | | (O-b 4) | | (Cali | umn 2) | (Column 3) | | ADDIT. F | EE | | J • · · | AUUI I. FEI | | |
| - | | (Column 1) CLAIMS | * | HiG | HEST | | ነ | | | ADDI- | 1 | | ADDI- | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PRE\ | MBER /IOUSLY D FOR | PRESENT EXTRA | | RATI | E | TIONAL FEE | | RATE | TIONAL FEE | |
| OME | Total | • | Minus | ** | | = | 1 | X\$ 9 | = | | OF | X\$18= | | |
| REN | Independent | • | Minus | *** | | = | 1 | X40 | = | | OF | X80= | | |
| L | FIRST PRESE | NTATION OF I | AULTIPLE DEF | PENDE | NT CLAIM | | Ļ | +135 | ;= | | OF | +270= | | |
| | | | | | | | | L | TAL | | OF | TOTA | | |
| | | | | | | | | ADDIT. | FEE | | ⊸ ' | ADDIT. FE | :t ! | |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI- | | | | | | | | | | | | ADDI- | | |
| AMENDMENT C | | REMAINING AFTER AMENDMEN | | NI PRE | JMBER VIOUSLY LID FOR | PRESENT EXTRA | | RAT | E | ADDI- TIONAI FEE | - | RATE | | |
| | Total | | Minus | ** | | 2 | | X\$ 9 | }= | | | X\$18 | <u> </u> | |
| MEN | Independent | • | Minus | •••• | | = | | X40 |) = | | | X80= | | |
| | FIRST PRES | ENTATION OF | MULTIPLE DE | PENDE | NT CLAI | M 🗆 | | - | | 1 | 7 | | | |
| the state of the s | | | | | | | | +13 | | <u> </u> | | | | |
| | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | TAL FEE | | 0 | R ADDIT. F | EE | |
| 1 | | Number Previously umber Previously | , Bald East IN Ti | JIC CDA | CF ie lees 1 | han 3. enter 3 | | | | | box in | | | |